

LEON COUNTY, FLORIDA TRAVEL REQUEST REPORT

Traveler's Name/Title: Bob Rackleff
 Department Name: BOCC
 Destination: Orlando, Florida
 Purpose of Trip: Florida Assoc. of Counties (FAC) Finance, Transportation and Administration Subcommittee Meeting

Traveler's Title: Leon County Commissioner
 Division Name: _____

Departure Date: 11/5/2004 Time: 7:00 AM Return Date: 11/5/2004 Time: 7:00 PM

ITEM	Rate	Check if P-Card Used	TOTAL	SUN.	MON.	Tues.	WED. /_	THURS. /_	FRI. 11/5	SAT
Lodging:										
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):										
Breakfast Standard or	\$6 or		\$ -							
Lunch Standard or	\$9 or		\$ -							
Dinner Standard or	\$16 or		\$ -							
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$21.50 Per Quarter of each Day	\$21.50		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Common Carrier (e.g. air, plane, bus)			\$ 250.00
Rental Car - rental fee			
Fuel for Rental or County Owned Vehicle			
Use of Personal Vehicle:			
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	\$0.375		
# of Vicinity Miles at Destination: (Allowable for official business, but must be requested separately)	\$0.375		
Reg. Package includes lodging, airfare and meals			
Miscellaneous Expenses:			
Limousine/Taxi Fares			
Public Transportation			
Parking			
Communications -- (only calls/faxes for county related business may be reimbursed)			
Other Miscellaneous Allowed by Policy			
TOTAL ESTIMATED EXPENSES			\$ 250.00

Account number(s) to be charged for trip:	Amount:
Account Number:	
001 105 5400 511	\$250
Commissioner Rackleff was appointed to this SubCmte for 04/05	
No Formal Itinerary or Agenda Available for this "Fly In" meeting	

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To: Name:	Address:	Mail/Pickup

Attach appropriate page from GSA Schedule reflecting specific City rate utilizing. If City traveling to does not appear on schedule, the standard rate will apply.

GSA Daily Costs	\$31.00	\$35.00	\$39.00	\$43.00	\$47.00	\$51.00
Breakfast	\$6.00	\$7.00	\$8.00	\$9.00	\$9.00	\$10.00
Lunch	\$9.00	\$11.00	\$12.00	\$12.00	\$14.00	\$15.00
Dinner	\$16.00	\$17.00	\$19.00	\$22.00	\$24.00	\$26.00

APPROVAL SIGNATURES

Traveler's Signature: Bob Rackleff / Kate Brady Date: 10/12/04
 Supervisor/Division Director's Signature: _____ Date: _____
 Department Director's Signature: _____ Date: _____
 County Administrator: _____ Date: _____

TR001OCT12003